Combined Declaration For Patent Application and Power of Attorney						ATTORNEY DOCKET 85053WRZ						
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND METHOD OF IMAGE DISTRIBUTION												
The specification of which (check only one item below):												
is attached hereto.												
was filed as United States Application Serial No. and was amended on (if applicable).												
was filed as PCT international application Number PCT/EP03/13129 on 22 November 2003 and was amended on (if applicable).												
I hereby state that I have reviewed and u	understand t	he contents of the	above-i	dentified specification, in	cluding the c	laims, as	amended by	any ame	ndment			
referred to above. I acknowledge the duty to disclose to th	ne U.S. Pate	nt & Trademark O	ffice al	information known to m	ie to be matei	rial to pa	tentability as	defined	in Title			
37, Code of Federal Regulations, §1.56.		26 11 11 16 1	<u> </u>	2110 (.) #4\ 265 (b) -4	S	1:4:	(a) C		tanla			
I hereby claim foreign priority benefits certificate, or (365 (a) of any PCT interr												
and have also identified below any fore												
one country other than the United States priority is claimed:	s of America	a filed by me on th	e same	subject matter having a r	iling date ber	ore that c	or the applica	uon(s) o	i which			
PRIOR FOREIGN/PCT APPLICATION	ON(S) AND	ANY PRIORITY	CLAI	MS UNDER 35 U.S.C.	119:							
COUNTRY (if PCT, indicate PCT)		PLICATION NUMBER		DATE OF FILING (monttvdayyear)	_	PRIORITY CLAIMED UNDER 35 USC §119 VES NO						
France)215616		12/11/200		X	YES		NO			
PCT	PC1/	EP03/13129	<u>'</u>	11/22/200	3	X	YES	-	NO			
I hereby claim the benefit under Title 35						s) listed	below:					
	PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):											
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PROVISIONAL APPLICATION	NUMBER			· · · · · · · · · · · · · · · · · · ·	FILING DATE (mor	hth/day/year)						
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ГС	Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY DOCKET											
		85053WRZ										
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or												
agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute												
this application and transact all business in the Patent and Trademark Office connected therewith.												
Se	end Corresp	ondence to:			Direct Teleph	ione Calls to:						
		Patent I			(name and telepho	ine numbery						
Eastman Kodak 343 State Street					William R	William R. Zimmerli						
				14650-2201		585-588-2758						
,					FAX: 585-477-1148							
2	FULL NAME OF INVENTOR	FAMILY NAME Vau		FIRST GIVEN NAME Jean-Marie	SECOND GIVEN I	NAME						
٥	RESIDENCE & CITIZENSHIP	75012 Paris	FAX	STATE OR FOREIGN COUNTRY France	COUNTRY OF CIT	TIZENSHIP						
١.	BUSINESS	BUSINESS ADDRESS	1 101	CITY	STATE & ZIP COD							
	ADDRESS	KODAK INDUSTRIE		Zone Industrielle	71102 Cha	lon sur Saone,						
2	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	NAME						
1	RESIDENCE &	Seignol CITY		Olivier STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	TIZENSHIP						
٥	CITIZENSHIP	77420 Champs sur Mar	ne FRX	France	France							
BUSINESS ADDRESS 2 ADDRESS KODAK INDUSTRIE			city Zone Industrielle		STATE & ZIP CODE (COUNTRY) 71102 Chalon sur Saone,							
					FRANCE							
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP						
3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP						
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	FIZENSHIP						
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	DE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	TIZENSHIP						
6.	BUSINESS ADDRESS ADDRESS			CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
SIGNATURE OF INVENTOR 201 SIGNATURE				OF INVENTOR 202	SIGNATURE OF INVENT	OR 203						
plan-Plurie Vous Olis			ver Seignol , 25th, 2005									
Hoy 11th 2005 DATE			y 25th, 2005									
SIGNATURE OF INVENTOR 204 SIGNATURE			E OF INVENTOR 205	SIGNATURE OF INVENT	OR 206							

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